

Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

January 8, 2010

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Libations Too, 5310 South 56<sup>th</sup> requesting a class C liquor license.

This location has been purchased by Bugeater Investments.

Bryan McFarland has requested that he be approved as the manager of the liquor license.

Background information on Mr. McFarland will be omitted as he is a currently approved liquor license manager.

The required training was completed on May 8<sup>th</sup> 2008.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



# APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov/

FILED

JAN - 6 2010

CITY CLERK'S OFFICE  
LINCOLN, NEBRASKA

RECEIVED

DEC 29 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

## CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES

### CHECK DESIRED CLASS(S)

#### RETAIL LICENSE(S)

		Application Fee
<input type="checkbox"/>	A BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B BEER, OFF SALE ONLY	\$45.00
<input checked="" type="checkbox"/>	C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input type="checkbox"/>	D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00
<input type="checkbox"/>	Class K Catering license (requires catering application form)	\$100.00

#### MISCELLANEOUS

		Application Fee	Bond Required
<input type="checkbox"/>	L Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/>	O Boat	\$ 95.00	none
<input type="checkbox"/>	V Manufacturer		
<input type="checkbox"/>	Alcohol & Spirits	\$1,045.00	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$145.00 1 to 100 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$245.00 100 to 150 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$395.00 150 to 200 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$545.00 200 to 300 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$695.00 300 to 400 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$745.00 400 to 500 barrel*	\$1,000 minimum
<input type="checkbox"/>	W Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/>	X Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/>	Y Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Z Micro Distillery	\$295.00	\$1,000 minimum

☐ Copy of TTB permit (if applying for L, V, W, X, Y or Z)

\*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31<sup>st</sup>

All other licenses expire April 30<sup>th</sup>

Catering license (K) expires same as underlying retail license

### TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License (requires insert form 1)  
☐ Partnership License (requires insert form 2)  
☒ Corporate License (requires insert form 3a & 3c)  
☐ Limited Liability Company (requires form 3b & 3c)

### NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name ANITA KH McFARLAND

Phone number: 702-806-6690

Firm Name

**PREMISE INFORMATION**Trade Name (doing business as) LIBATIONS, TOOStreet Address #1 5310 South 56th Street, Suite 1

Street Address #2 \_\_\_\_\_

City LincolnCounty LancasterZip Code 68510Premise Telephone number 402-420-6494

Is this location inside the city/village corporate limits:



YES



NO

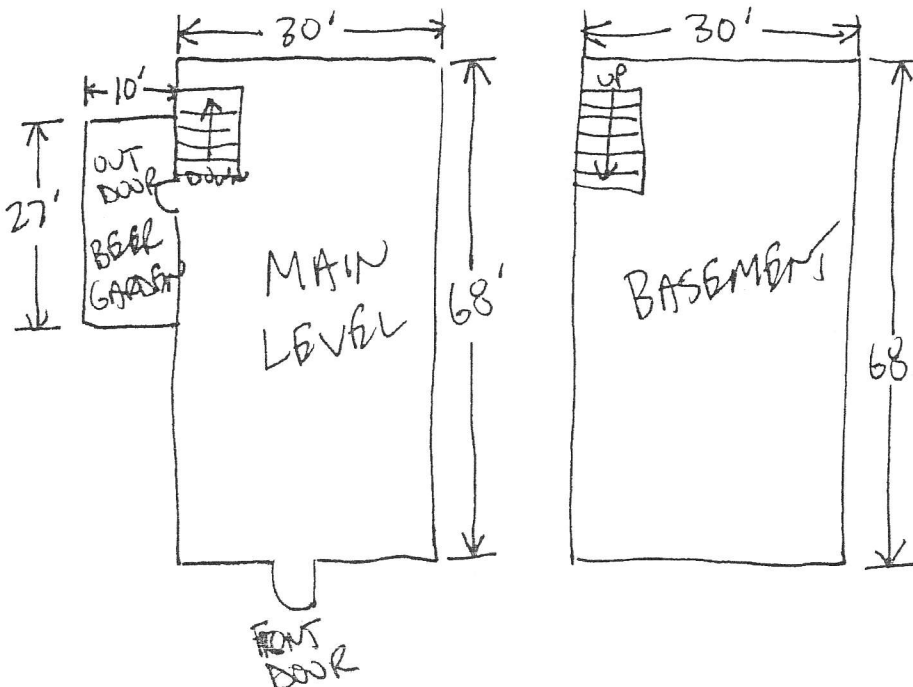
Mail address (where you want receipt of mail from the commission)

Name PO Box 530686Street Address  
#1 \_\_\_\_\_Street Address  
#2 \_\_\_\_\_City HendersonState NevadaZip Code 89053**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

WEST PORTION APPROX 30FTX68FT OF ONE STORY BLDG  
APPROX 68FTX146FT  
WITH BASEMENT, PLUS BEER GARDEN/"OUTDOOR LOUNGE"  
10FTX27FT TO THE



## APPLICANT INFORMATION

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

### 2. Are you buying the business and/or assets of a licensee?

☒ YES ☐ NO

If yes, give name of business and license number Black Cadillac, Inc. License No. 79644

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

### 3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☒ YES ☐ NO

If yes, attach temporary agency agreement form and signature card from the bank.

**This agreement is not effective until you receive your three (3) digit ID number from the Commission.**

### 4. Are you borrowing any money from any source to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender Seller Financing. Black Cadillac, Inc.

### 5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

### 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☒ YES ☐ NO

If yes, list such items and the owner.

### 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain.

**No silent partners**



8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Wells Fargo Bank, Anita McFarland, Bryan McFarland, Evelyn McFarland

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

49599, 55419, 70947

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
BRYAN McFARLAND	2001-Present	Corporate Manager of Watering Holes & Cliff's Lounge

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- ☒ Lease: expiration date 1-1-2016 - 60 months  
☐ Deed  
☐ Purchase Agreement

14. When do you intend to open for business? Currently Open

15. What will be the main nature of business? Bar

16. What are the anticipated hours of operation? M-S 4-1

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Henderson, Nevada	2001	2009			
Davis, California	1998	2001			

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

[Signature]  
Signature of Applicant

[Signature]  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

State of ~~Nebraska~~ Nevada

County of Clark

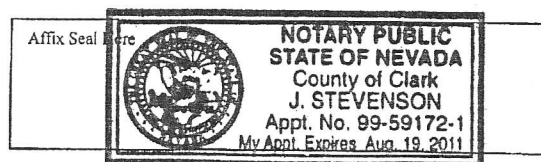
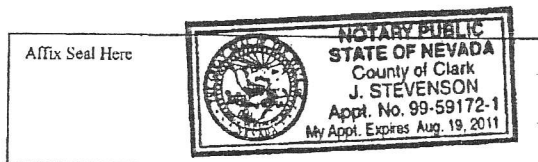
County of CLARK

The foregoing instrument was acknowledged before me this 12/28/2009 by

The foregoing instrument was acknowledged before me this 12.31.09 by

Arita K. McFarland  
[Signature]  
Notary Public signature

BRYAN A. MCFARLAND  
[Signature]  
Notary Public signature



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

APPLICATION FOR LIQUOR LICENSE  
CORPORATION  
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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DEC 29 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Evelyn McFarland

Name of Corporation that will hold license as listed on the Articles

Bugeater Investments, Inc.

Corporation Address: 1321 O Street

City: Lincoln State: Nebraska Zip Code: 68508

Corporation Phone Number: 402-438-3054 Fax Number: \_\_\_\_\_

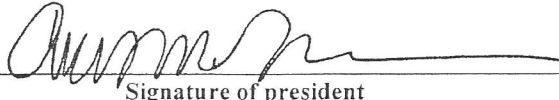
Total Number of Corporation Shares Issued: 1000

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: McFarland First Name: Anita MI: KH

Home Address: 297 Juniper Springs Street City: Henderson

State: Nevada Zip Code: 89052 Home Phone Number: 702-806-6690



Signature of president

State of ~~Nebraska~~ NEVADA  
County of CLARK

The foregoing instrument was acknowledged before me this

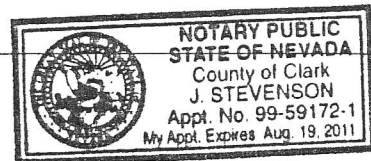
28th day of December 2009  
date

by Anita KH McFarland  
name of person acknowledged



Notary Public signature

Affix Seal Here



List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: McFarland First Name: Anita MI: KH

Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: President Number of Shares 1000

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

---

---

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: January Ending Date: December

---

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

---

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

REVISED 5/2007

**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

Corporate manager, including spouse, are required to adhere to the following requirements  
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 -- 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: Bugeater Investments, Inc.

Premise information

Premise License Number: \_\_\_\_\_  
(if new application leave blank)

Premise Trade Name/DBA: Libations, Too

Premise Street Address: 5310 South 56th Street, Suite 1

City: Lincoln State: Nebraska Zip Code: 68510

Premise Phone Number: (402) 420-6494

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

  
CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)



Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: McFarland First Name: Bryan MI: A

Home Address (include PO Box if applicable): 762 W Lake Shore

City: Lincoln State: NE Zip Code: 68528

Home Phone Number: 427-4168 Business Phone Number: 438-3054

Social Security Number: \_\_\_\_\_ Drivers License Number & State: NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: Oakland, California

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Spouse's information

Spouses Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

**APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS**

**APPLICANT**

**SPOUSE**

CITY & STATE	YEAR FROM TO		CITY & STATE	YEAR FROM TO	
LINCOLN, NE	2003	2009			
HENDERSON, NV	2001	2003			

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2001	2009	BUGEATER INVESTMENTS, INC	ANITA KH McFARLAND	702-806-6690

Manager and spouse must review and answer the questions below  
PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☒ YES

☐ NO

If yes, please explain below or attach a separate page.

SEE ATTACHED

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☒ YES

☐ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

5. List the training and/or experience (when and where)

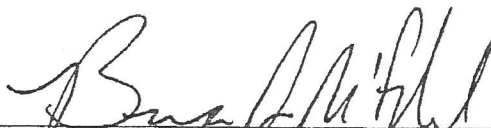
Date:	Where:
2001 - Present	Manager of Watering Holes and Cliff's Lounge




The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

  
Signature of Manager Applicant

  
Signature of Spouse

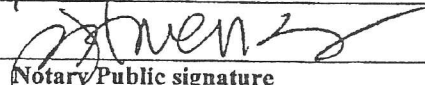
State of ~~Nebraska~~ NEVADA

County of CLARK

County of CLARK

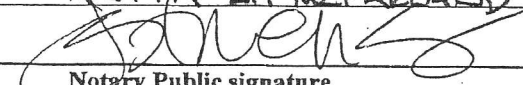
The foregoing instrument was acknowledged before me this 12-28-2009 by

Bryan A. McFarland

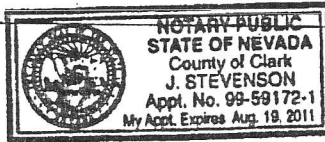
  
Notary Public signature

The foregoing instrument was acknowledged before me this 12-31-09 by

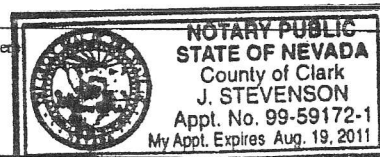
ANITA KH MCFARLAND

  
Notary Public signature

Affix Seal Here



Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

%APPEND-E-OPENIN, error opening HT\_ROOT:[HTTP\$NOBODY]RECB.D.LIS; as input -RMS-E-FNF, file not found %DELETE-W-SEARCHFAIL, error searching for HT\_ROOT:[HTTP\$NOBODY]RECHD.LIS;\* -RMS-E-FNF, file not found %DELETE-W-SEARCHFAIL, error searching for HT\_ROOT:[HTTP\$NOBODY]RECB.D.LIS;\* -RMS-E-FNF, file not found



## LINCOLN POLICE DEPARTMENT PUBLIC RECORD CRIMINAL HISTORY

# RECEIVED

DEC 29 2009

This is a list of criminal citations and arrests by the Lincoln Police Department for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges that were sent to diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "\*\*\*\*END OF LISTING\*\*\*\*" does not appear at the bottom of this report, then this list is not complete.

FOR: BRYAN ANDREW MCFARLAND , Male, DOB:

Date of listing: 12-15-2009

CODES FOR CRIMINAL HISTORY (I)=Infraction(M)=Misdemeanor(F)=Felony(O)=Other

Arrested 12-14-1996	for (M)3RD DEG ASSAULT	Case 96-141756
Disposed 03-28-1997	as (M)DISTURBING THE PEACE	Cit# LA5251632
<b>FOUND GUILTY</b>		
01 YRS PROB DISCHARGED OFF PROBATION 03-27-98		
Cited on 01-02-1995	for (M)ASSAULT, STRIKE OR CAUSE BODILY INJURY	Case 95-000342
Disposed 04-19-1995	as (M)DISTURBING THE PEACE	Cit# LA391642
<b>FOUND GUILTY Fined \$100.00</b>		
Cited on 07-18-1992	for (M)CONSUME ALCOHOLIC LIQUOR IN PUBLIC	Case
Disposed 09-30-1992	as (M)CONSUME ALCOHOLIC LIQUOR IN PUBLIC	Cit# LA303790
<b>FOUND GUILTY Fined \$100.00</b>		
Arrested 08-23-1986	for (M)DRIVE DURING SUSPENSION - 1ST OFFENSE	Case 86-69602
Disposed 02-13-1987	as (M)DRIVE DURING SUSPENSION - 1ST OFFENSE	Cit# LA046545
<b>FOUND GUILTY Fined \$250.00 &amp; Sentenced 10 DAYS</b>		

Cited on 03-28-1986	for (M)UNLAWFUL TO MAKE FALSE STATEMENT TO OFFIC	Case 86-22098
Disposed 05-09-1986	as (M)UNLAWFUL TO MAKE FALSE STATEMENT TO OFFIC	Cit# LA029387
FOUND GUILTY Fined \$100.00		

\*\*\* END OF LISTING \*\*\*

**APPLICATION FOR TEMPORARY  
AGENCY AGREEMENT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

**RECEIVED**

DEC 29 2009

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

- This application may be submitted along with a completed application for liquor license
- Must include a copy of the signature card from the financial institution where account has been set up
- Agreement is effective upon processing of the application and the three digit number has been issued to applicant
- Agreement is effective up to 120 days from issuance of ID number

ID# \_\_\_\_\_

On (date) DECEMBER 28, 2009 seller and buyer entered into a contract for sale of the business known as LIBATIONS TOO, which contract is contingent upon buyer receiving approval for a liquor license to operate the business.

Seller and buyer agree to allow buyer to operate the business, subject to approval by the Nebraska Liquor Control Commission, (NLCC) for a period not to exceed 120 days subsequent to 12.29.2009, the date of filing the application with NLCC.

Seller will maintain a possessory interest in the property in the form of a lease, use permit or license;

Buyer will at all times be the agent of the seller, but buyer will be completely and totally responsible for the operation of the business and for all liability associated with the operation of the business during the time when buyer is acting as seller's agent; it is specifically understood that seller shall have no liability for the operation of the business during this period of time, and buyer agrees to indemnify and hold seller harmless from any claims arising during this period of operation; however, it is understood that the liquor license remains in the name of the seller and seller will be responsible for all violations of the liquor laws of the State of Nebraska until such time as seller's license is canceled;

At time of closing, certain funds will be held in escrow pending issuance of the license.

Name of financial institution (Name, address, account number) of where escrow account is being held (SEND  
COPY OF SIGNATURE CARD) \_\_\_\_\_

**OVER**

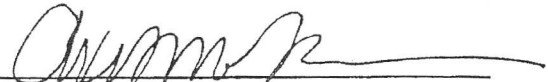
All profits derived from the operation of the business by the buyer, after payment of bills and salaries, shall be paid to the same escrow agent to be held until the issuance of the license, it being specifically understood that the buyer shall receive no profits from the operation of the business until the liquor license has been issued to buyer, but shall have the right to direct the investment of profit funds by escrow agent.

This agreement constitutes the entire and complete understanding of all parties with regard to the agency relationship, and is binding upon the heirs, personal representatives and successors of the parties.

It is hereby understood that in the event the Commission denies this application, this Temporary Agency Agreement is null and void the date of the order.



Signature of seller



Signature of buyer

State of Nebraska

State of ~~Nebraska~~ NEVADA

County of LANCASTER

County of CLARK

The forgoing instrument was acknowledge before  
me this 12/29/2009  
Date

The forgoing instrument was acknowledge before  
me this 12/28/2009  
Date

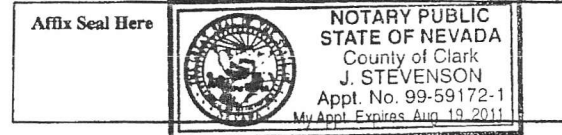
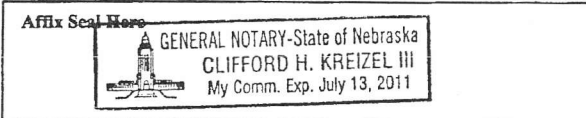
by Anita K. McFarland



Notary Public Signature



Notary Public Signature



# Addendum To Certificate Of Authority

For Changes To Authorized Signers On Business Deposit Accounts

WELLS  
FARGO

Host Status:

Host Update Successful

Bank Name:

Wells Fargo Bank , N.A.

Store Name:

Lincoln Main

Banker Name:

JON D DUNHAM

Officer/Portfolio Number:

V

Date:

12/18/2009

Banker Phone:

402/434-4321

Store Number:

02571

Banker AU:

Banker MAC

Use this Addendum when Authorized Signers are being added or deleted to a Certificate of Authority currently on file for a business customer and a new, signed Certificate of Authority has not been obtained.

## Business/Account Information

Business Name:

BUGEATER INVESTMENTS INC

CCID

825

Product:

DDA

Account Number

## Authorized Signers

Authorized Signer Name(s):

ANITA HOLDEN-MCFARLAND

Relationship Status

☒ Existing/Remaining

☐ New

☐ Delete

BRYAN A MCFARLAND

☒ Existing/Remaining

☐ New

☐ Delete

EVELYN MCFARLAND

☒ Existing/Remaining

☐ New

☐ Delete

PAUL MILONI

☐ Existing/Remaining

☒ New

☐ Delete

## Addendum to Certificate of Authority

Original Certificate of Authority Dated:

Addendum to Certificate of Authority Dated:

12/18/2009

Each person signing in the "Certified/Agreed To" section below:

- directs the Bank that the additional Authorized Signers shall have all of the authority granted to the persons identified as Authorized Signers on the Certificate of Authority, including without limitation the authority to instruct the Bank in writing (whether the instructions include the manual signature or a signature that purports to be the facsimile or other mechanical signature including a stamp of an Authorized Signer as the Customer's authorized signature without regard to when or by whom or by what means or in what ink color the signature may have been made or affixed), orally, by telephone or by electronic means in regard to any item and the transaction of any business relating to the Customer's account(s), agreement or services;
- directs the Bank to discontinue acting on the instructions of any person who has been deleted as an Authorized Signer;
- acknowledges that these modifications become effective only after this Addendum has been received by the Bank and the Bank has had a reasonable opportunity to act on it; and
- certifies that the account owner has taken all action under its organizational documents, if any, including passage of resolutions by its board of directors, trustees, or other governing body, required to make these modifications and to authorize the undersigned to execute and deliver this Addendum.



BBG5351 (8-07 SVP)

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Page 1 of 2

Wells Fargo Confidential

Certified/Agreed To

Owner/Key Individual 1 Name  
BRYAN A MCFARLAND

Position/Title:  
MANAGER

Owner/Key Individual 1 Signature

BRYAN A MCFARLAND  


- ☐ Submit manually  
☐ Signature not required


Date:  
12/18/2009

Certified/Agreed To

Owner/Key Individual 2 Name  
ANITA HOLDEN-MCFARLAND

Position/Title:  
ATTORNEY

Owner/Key Individual 2 Signature



- ☒ Submit manually  
☐ Signature not required

Date:  
12/18/2009

Signature Capture - New Authorized Signers

New Authorized Signer 1 Name  
PAUL MILONI

Position/Title:  
LOAN OFFICER

New Authorized Signer 1 Signature

PAUL MILONI  


- ☐ Submit manually  
☐ Signature not required

Date:  
12/18/2009





# CERTIFICATION OF VITAL RECORD

OFFICE OF RECORDER

## COUNTY OF ALAMEDA

OAKLAND, CALIFORNIA

RECEIVED

DEC 29 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

104-68

### CERTIFICATE OF LIVE BIRTH

6015

1456

STATE BIRTH CERTIFICATE NUMBER		STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD	1a. NAME OF CHILD—FIRST NAME	1b. MIDDLE NAME		1c. LAST NAME	
	Bryan	Andrew		Mc Farland	
PLACE OF BIRTH	2. SEX	3a. THIS BIRTH SINGLE, TWIN, OR TRIPLET?	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?	4a. DATE OF BIRTH—MONTH, DAY, YEAR	4b. HOUR
	Male	Single			2:06 A.M.
MOTHER OF CHILD	5a. PLACE OF BIRTH—NAME OF HOSPITAL	5b. STREET ADDRESS (STREET, AND NUMBER, OR LOCATION)		5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	
	U. S. Naval Hospital	8750 Mountain Blvd.		Yes	
FATHER OF CHILD	5d. CITY OR TOWN	5e. COUNTY		7. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	
	Oakland	Alameda		Kansas	
INFORMANT'S CERTIFICATION	6a. MAIDEN NAME OF MOTHER—FIRST NAME	6b. MIDDLE NAME	6c. LAST NAME (MAIDEN SURNAME)	10a. RESIDENCE OF MOTHER—STREET ADDRESS (STREET, AND NUMBER, OR LOCATION)	
	Evelyn	Myrtle	Fish	1581 Pacific Avenue	
ATTENDANT'S CERTIFICATION	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) YEARS	9. COLOR OR RACE OF MOTHER	10b. RESIDENCE OF MOTHER—COUNTY	10c. RESIDENCE OF MOTHER—STATE	
	34	White	Alameda	California	
LOCAL REGISTRAR	11a. NAME OF FATHER—FIRST NAME	11b. MIDDLE NAME	11c. LAST NAME	12. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	
	Robert	(N)	Mc Farland	Missouri	
	13. AGE OF FATHER (AT TIME OF THIS BIRTH) YEARS	14. COLOR OR RACE OF FATHER	15a. PRESENT OR LAST OCCUPATION	15b. KIND OF INDUSTRY OR BUSINESS	
	36	White	U. S. Navy		
	16a. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT, SPECIFY)		16b. DATE REVIEWED AND SIGNED BY INFORMANT		
	Evelyn M. Mc Farland		February 6, 1968		
	17a. PHYSICIAN OR OTHER PERSON WHO ATTENDED THIS BIRTH—SIGNATURE—DEGREE OR TITLE		17b. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT		
	J. A. ROUTENBERG MD		February 8, 1968		
	17c. ADDRESS		17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER		
	Naval Hospital, Oakland, California		Navy		
	19. LOCAL REGISTRAR—SIGNATURE		20. DATE REGISTERED FOR RE-ENTRY BY LOCAL REGISTRAR		
	James C. Malachuk MD		FEB 16 1968		



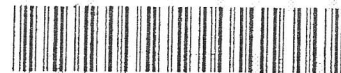
002002452

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Recorder.

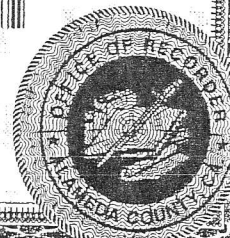
DATE ISSUED

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Recorder.



002002452

Patricia O'Connell  
PATRICIA O'CONNELL  
ALAMEDA COUNTY RECORDER





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF LIVE BIRTH

Certificate Number: 146-196

Date Issued: 04/30/1993

Name: ANITA KAY HOLDEN\*\*\*\*\*

Date of Birth: \*\*\*\*\*

Place of Birth: KING COUNTY, WASHINGTON

Sex: FEMALE

Mother's Maiden Name: KATHRYN A HORTON

Place of Birth: TEXAS

Age: 24 Years

Father's Name: HARROL R HOLDEN

Place of Birth: TEXAS

Age: 24 Years

Filing Date: 03/28/1961

Fee Number: 9304959630

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DEC 29

NEBRASKA LIQUOR  
CONTROL COMMISSION



DOH 01-003 (5/82)